changes were found in the vessels in either case. Sasaki advances the view that the lesions found in the neural tissues constituted an independent affection, being the cause of the severe digestive disturbances and consequently of the anæmia observed during the life of the patient. Degeneration of the ganglion cells similar to those described, he found at the base and in the neighborhood of typhoid and tubercular ulcers but they were limited to the region locally affected. In a series of cases of general atrophy resulting from cancerous cachexia and phthisis no degeneration of the plexus was observed.—Stilling in *Centralblatt f. d. med. Wiss.*, No. 46.

W. R. BIRDSALL, M.D.

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d.—MENTAL PATHOLOGY.

FUNDUS OCULI IN INSANITY.—Dr. J. Wigglesworth (*Brain*, July, 1884) concludes: First. That in insanity proper (including all forms other than paretic dementia) changes in the fundus oculi are found only in the small minority of cases, but when all allowance is made for changes depending on associated constitutional conditions, errors of refraction, etc., the number of cases in which a connection between the mental (cerebral) state and the accompanying change in the fundus oculi can be so much as suspected is very small. This might have been expected *a priori*, but Dr. Wigglesworth takes no account of the optic teratological defects sometimes present in paranoia and other degenerative psychoses. Second. That in insanity proper no connection can be traced between the condition of the fundus oculi and the patient's mental state. Third. That in the majority of cases of paretic dementia the fundus oculi presents a perfectly healthy appearance. (This was clearly pointed out by Spitzka—JOURNAL OF NERVOUS AND MENTAL DISEASE, April, 1877.) Fourth. That in a minority of cases clear and precise lesions are found. Fifth. That these lesions fall into two main classes, the one extending in the direction of slight neuritis, the other in that of atrophy. Sixth. That in the former the affection declares itself as a hyperæmia of the disc, the edges being softened and indistinct, so that in some cases they can be traced with difficulty or not at all; and that these conditions tend—if the patient live long enough—to be replaced by atrophy, so that at length complete disorganization of the nerve may take place. The changes are essentially chronic in their course. Seventh. That, though atrophy of the optic nerve may thus succeed to a slight interstitial neuritis, it is also not unfrequently primary at the disc. The atrophy may be complete, the patient becoming quite blind. Eighth. That the pathological basis underlying the appearances of slight neuritis may be broadly characterized as a tendency to overgrowth in the connective elements of the nerve, the trabeculæ not only getting greatly hypertrophied, but the neuroglia corpuscles also becoming very large

and numerous; the parts thus grow at the expense of the nervous elements, which subsequently atrophy. Ninth. That in the cases of primary atrophy the pathological appearances eventually reached, though somewhat similar, may possibly take place in reverse order at the disc, the nerve-fibre being the first to dwindle, and the fibrous elements, trabeculæ, etc, subsequently taking on increased growth. Tenth. That in a considerable proportion of the cases in which atrophy of the discs is met with, spinal symptoms are prominent in the disease, these symptoms pointing in the direction of posterior or lateral sclerosis of the cord; but that this connection is by no means invariable. Most of these somewhat awkwardly worded conclusions, in their essence, have already been anticipated in the article (JOURNAL OF NERVOUS AND MENTAL DISEASE, April, 1877) to which reference has already been made.

OPHTHALMOLOGICAL OBSERVATIONS AMONG THE INSANE.—Dr. W. S. Little (*Medical and Surgical Reporter*, May 24, 1884) gives the following results of his examination of the insane and idiotic. Among the idiots and feeble-minded ophthalmoplegia externa existed in two cases; ophthalmoplegia interna from centric causes was present in 17.4 per cent. of the males and 17.3 per cent. of the females. The varieties of pupil found were: maximum, 6.2 per cent.; minimum, 4.2 per cent.; unequal, 6.5 per cent.; hippus, 0.2 per cent.

Imbecility	high grade	9.7 per cent.
	middle "	14 " "
	low "	12 " "
Idio-imbecility		28 " "
Idiocy		41 " "
Juvenile insanity		20 " "
Epilepsy		37 " "

The results among the insane were as follows: 154 males and 154 females were examined; 43.5 per cent. of the males and 35.7 per cent. of the females presented pupillary symptoms. The varieties of pupil were: maximum, 11 per cent.; minimum, 12 per cent.; unequal, 14.6 per cent.; immobile, 1 per cent. The psychoses were: monomania, 16 per cent.; melancholia acute, 25 per cent.; melancholia chronic, 35 per cent.; paretic dementia, 100 per cent.; imbecility, 20 per cent.; chronic dementia, 39 per cent.; mania acute, 35 per cent.; mania chronic, 55 per cent.; mania recurrent, 50 per cent.; epilepsy, 66 per cent. These results are not as valuable as they would be were a better system of classification adopted, and the ophthalmological findings brought into direct relation with each psychosis.

UNRECOGNIZED EPILEPSY AS A CAUSE OF MELANCHOLIA.—Dr. H. Hayes Newington (*Journal of Mental Science*, July, 1884) says that some years ago a lady came under his observation who was suffering from melancholia of the ordinary religious type. She was very gloomy, thin, and yellow, and had made two serious

attempts at suicide. Ordinary treatment improved her, and she seemed in a fair way to recover. But after getting to a certain point, the disease became stationary for several years. One day she had an epileptic seizure, followed by another. On enquiry it was found that nine years before she had, while standing on a friend's door-step, fallen insensible, and must have had an epileptic seizure then. The relatives had never recognized its nature, and had forgotten the fact until it was recalled to their observation by the later seizure.

PARETIC DEMENTIA UNRECOGNIZED BY JAIL PHYSICIANS.—The English Commissioners in Lunacy, (*Journal of Mental Science*, July, 1884,) in their report on the Lancashire Hospital for the Insane, say: "Among recent admissions is a man named J. W., received from Preston prison by order of the Secretary of State, suffering from paretic dementia with well-marked delusions. He complained to us of having been flogged in Lancaster Castle after his conviction, and the marks on his back, now becoming faint, show that his story is true. We can only suppose that the jail surgeon failed to recognize the man's insanity, some of the characteristics of which are now, and no doubt were then, dirty and destructive habits." The *Journal of Mental Science*, commenting, says: "Such an occurrence shows how necessary it is that prisoners, especially those whose mental condition should be the subject of accurate observation, should be under the supervision of medical officers thoroughly familiar with mental disease. It cannot be doubted that insane prisoners are sometimes most unjustly punished for breaches of discipline, but what is worse, others, awaiting trial, are not subjected to that thorough examination which would lay bare the mental disease which ended in crime, and thus wretches are punished for crime for which they are not responsible."

ACUTE MANIA IN A THIRTEEN-YEAR-OLD BOY.—Dr. S. A. Strahan (*Journal of Mental Science*, July, 1884) reports the case of a thirteen-year-old farm laborer, who had an insane heredity. Three weeks before coming under observation he was "strange"; he improved more or less for nineteen days, but became incoherent and violent on the twentieth day. He was well built for his age; the testes had not entered the scrotum. His pupils were unequal. He was restless, profane, and obscene. On the third day after admission he was lively, incoherent, and described himself as "damned well." His pupils became equal. He improved till the twelfth day; then relapsed. After eighty days' treatment he had fully recovered.

INCEST FROM RELIGIOUS COMMUNICATED INSANITY.—Liman (*Vierteljahrschrift für gerichtl. Medicin*, B. xxxvii., Heft 2) reports

the case of a forty-nine-year-old man who had committed incest with his nineteen-year-old daughter, thereby coming within the hands of the law and being referred to Dr. Liman for examination as to sanity. His wife, the mother of his eighteen children, at the time two months pregnant by him, made the complaint, and therewith gave details which left no doubt that her husband had, for at least two years, suffered from insanity with religious delusions. On examination the patient was found to have religious delusions and hallucinations. It had been revealed to him that from intercourse with his daughter would spring the everlasting son, who would free his family from sin. This divine command he obeyed. The victim of this religious delusion was a nineteen-year-old, very well-built, very stupid girl who did not realize the nature of the crime she had committed. She had not suspected her father's mental condition and was a stupid tool in the hands of a lunatic.

ASYLUM RECOVERY RATES AS TESTS OF EFFICIENCY.—Dr. T. A. Chapman (*Journal of Mental Science*, July, 1884) adopts, in determining this question, the classes of Dr. Thurnam: Class I. First attack and within three months. Class II. First attack above three and within twelve months. Class III. Not first attack and within twelve months. Class IV. Over twelve months, first or otherwise. He concludes, after an analysis of recent English statistics, that the gross recovery rate is quite useless as a gauge of the efficiency of an asylum, since: 1, the recovery rate varies directly as the proportions of classes I. and III.; 2, the recoveries in class I. vary directly (in such cases as can be analyzed) as the curability of the cases included in it; and 3, these results, based though they are on a very general analysis of cases and masked by some obvious and many suspected errors in the figures supplied, account for so large a proportion of the variations on the gross recovery rate that a complete analysis might be expected to so fully explain them that there would be a very narrow margin left due to efficiency. 4. That there is an appreciable presumption (not at all amounting to proof or demonstration) against the efficiency of large asylums. 5. That if there is not an absolute uniformity in the results obtained in different asylums in view of the different classes of patients treated therein, the results are much closer to such uniformity than the usually stated recovery rates suggest. It should be remembered that a novice superintendent of an hospital for the insane has for his first few years a very large recovery rate, while the recovery rate of an honest veteran superintendent is a relatively small one. It is a question of diagnostic skill. Pliny Earle has done good service in pointing the elements of error in recovery rates. As Dr. Fisher ("Report of the Boston Lunatic Hospital," April 30, 1884) says: "It is no doubt the 'personal equation' which determines the wide difference between recovery rates of different hospitals."

EXALTATION IN CHRONIC ALCOHOLISM.—Dr. B. B. Fox (*Journal of Mental Science*, July, 1884) concludes that: First, the insanity of chronic alcoholism is very frequently characterized by exaltation. Second, but these exalted delusions are common to various types of insanity, and are not therefore reliable as determining classification. Third, this exaltation in some cases possesses nothing to distinguish it from that of paretic dementia. Occasionally, too, the physical signs of the two diseases so far resemble one another that they can only be differentiated by the history and other circumstances connected with the case, and in some rare instances only by watching the course of the malady. Fourth, in chronic alcoholism delusions of exaltation are usually fixed, constant, and ineradicable. Fifth, this is in consequence of their dependence upon cerebral changes, the result of repeated hyperæmia. Sixth, little or nothing can be done for their removal. While Dr. Fox's paper is of value as calling attention to possible elements of error in differential diagnosis, it ignores the fact that since chronic alcoholism passes sometimes into paretic dementia, connecting links must exist. Dr. Fox also fails to recognize the fact that the exalted condition in hypomania closely resembles that of paretic dementia, and that hypomania can be produced by alcohol. He does not lay sufficient stress on the fact that paretic dementia delusions are shifting and variable in contrast with the fixed qualities cited as pertaining to chronic alcoholic delusions. The evil results of the dilettante teachings of Sankey and Blandford are evident in the stress laid on exalted delusions as a test for paretic dementia.

CARDIAC DISEASE AND DEATH OF THE INSANE.—Dr. S. V. Clevenger, Chicago (*Chicago Medical Journal and Examiner*, August, 1884), says that "cardiac failure, either through trophic changes in the heart itself, or the pneumogastrics, is a common cause of death in the insane."

KATATONIA, according to Dr. S. V. Clevenger (*Chicago Med. Jour. and Examiner*, August, 1884), seems to have its origin in the motor apparatus, and he is inclined to regard the stagy behavior and hallucinations of voices commanding rigidity as suggested to the mind by the forced attitudes, precisely as an excellent digestion and circulation suggests exhilarant ideas and causes one to see every thing *couleur de rose*. He has found urea secreted in abnormal quantity from two cases in the cataleptoidal stage. One case of katatonia followed typhoid fever; another a strumous condition; one was sunstruck before becoming katatoniac; one male and one female case were "peculiar" mentally from birth, the male upon admission showing phases of hebephrenia. He has noticed some of these patients complaining in the beginning of rheumatic stiffness of the joints before catalepsy and delusions

appeared. Katatonia seems to be allied etiologically to some muscular rheumatoid disease, though its origin may be in nerves or blood.

SEQUESTRATION OF THE INSANE AT HOME.—Dr. Parant (*Annales médico-psychologiques*, May, 1884) concludes: 1st. That it cannot be contested that people have a right to keep in a particular domicile insane members of their family, to care for them there, and even to sequestrate them, when they are not dangerous to themselves or society. He does not say who is to settle this question. 2d. In practice, treatment and sequestration of the insane at home presents numerous difficulties, and often is detrimental to the patients. 3d. Numerous examples show that sequestration of this kind is not only defective, but leads to abuse of the patient, and often to criminal results. 4th. Surveillance of the insane in private care should be as strict as that exercised over those in the hospitals for the insane. The insane at home, as a general rule, are much more likely to be subject to abuse, as being under much less surveillance than those in the worst hospital for the insane—more especially as relatives of the insane present peculiarities unfitting them for nurses.

CHRONIC INSANITY AND THE PSYCHICAL DEGENERATIONS.—Dr. Magnan (*Gazette des hôpitaux*, April 22, 1884) states that chronic insanity (*délire chronique*) presents the following characteristics: The affection has at first a period of incubation which often passes unperceived. The patient is sad; the external world affects him painfully, and he is victim of an anxiety which he cannot explain. Little by little his painful ideas take shape. Delusive conceptions arise and become systematized. He is now persecuted. The psychical phenomena pursue a progressive march and become more and more systematized, and across the domain of persecution ideas of satisfaction make their appearance, and gradually the persecutory ideas give place to those of importance, and the persecuted lunatic has delusions of importance. At length the patient's faculties become enfeebled, and in the general cerebral turmoil the delusions disappear, and the patient becomes a dement. This picture is an excellent one, except that in its first stage it does not go far enough, and in the last it goes too far. Dr. Magnan does not here describe a psychosis, but the evolution of systematized delusions, and the systematized delusion of grandeur sometimes passes through the converse stage to that which Dr. Magnan has described. Under the title of the psychical degenerations he describes a class of beings whose cerebral state is one of defect from their birth. Dr. Magnan says (in words of which the following previously written citation from an American author is a pretty literal translation) that, "in examining those defective states of the human mind which are the frequent manifestations of an hereditary transmitted taint, it is found that they may be ranged in a

serial chain, whose links are constituted by different forms of mental alienation merging insensibly into one another. One end of this chain is constituted by idiocy, the other by that perversion of the intellect called primary monomania (paranoia). On first sight these two conditions appear to be separated by an almost impassable chasm, and this from a psychological as well as from a strictly somatic point of view. No greater contrast could be exhibited within the walls of an asylum than by placing side by side an idiot and a lunatic with systematized projects and delusions: on the one hand, a state characterized by an utter absence of every higher mental co-ordination; on the other, one which exhibits intricate and varied associations of the mental mechanisms analogous to those of the normal mind." In these cases there are often noticeable marks which Morel called stigmata. At the bottom of the scale there are defects so gross as not to require citation,—microcephaly, macrocephaly, plagiocephaly, etc. These stigmata are in more or less direct relation to the mental defect, and diminish as the patient rises in the intellectual scale, and in certain hereditary lunatics (paranoiacs) they must be looked for. They are cranial and facial asymmetry, excessive prognathism, deformed ears, deformed teeth, pigmentation of the fundus oculi, etc. In these paranoiacs with, at times, surprising intellectual power, there exist strange intellectual defects. In many of these cases there occur impulses which have been elevated to the rank of monomanias, when in reality they are merely episodical phenomena of a constitutional defective condition. The following are the most common types: doubting insanity, agoraphobia, dipsomania, kleptomania, homicidal and suicidal impulses, belonophobia, onomatomania, arithmomania, zoöphilomania (anti-vivisectionist). The sexual anomalies are so frequent that for purposes of study he makes a special classification of them. 1st. The spinal cases: Here the reflex is simple; the genito-spinal centre of Budge is alone in play (onanism in the complete idiot). 2d. Posterior cerebro-spinal cases: The first reflex passes from the posterior cerebral cortex and abuts on the cord. A patient has a venereal spasm at the sight of any human being. 3d. Anterior cerebro-spinal cases: Here the point of departure of the reflex is from the anterior cerebral cortex; it is a sentiment, an idea, a penchant which may be affected. A young man in a condition of sexual excitement sees the bonneted head of an old woman, and this grotesque image obtains such a mastery over him, that unless he calls it up on the first night of his wedding he remains impotent. 4th. The psychical cases in whom sexual pleasure is not directly felt; the erotomaniacs, etc. In Dr. Magnan's opinion the victim of degeneration is not a lunatic properly so-called. In him the psychical phenomena are bizarre and obey no particular law. In these cases there is no period of incubation; the ideas of persecution and grandeur come out pell-mell. However, this distinction cannot be maintained. In decidedly degenerated cases the psychical phenomena have a regular evolution, and in vesanic cases allied to them the irregularity is marked.

PARETIC DEMENTIA.—The following table (Utica Asylum Report, 1883) is of value from an historical standpoint. It shows the number of paretic dements admitted to the Utica Hospital for the Insane during a period of thirty-three years, and the numerical relation between the sexes :

	Men.	Women.	Total.
1849	—	—	—
1850	1	—	1
1851	1	—	1
1852	1	1	2
1853	6	1	7
1854	4	1	5
1855	7	—	7
1856	2	—	2
1857	9	—	9
1858	4	1	5
1859	5	1	6
1860	9	—	9
1861	8	1	9
1862	7	—	7
1863	11	—	11
1864	15	2	17
1865	22	—	22
1866	10	3	13
1867	13	—	13
1868	22	—	22
1869	29	—	29
1870	17	2	19
1871	27	4	31
1872	17	2	19
1873	21	2	23
1874	17	—	17
1875	15	2	17
1876	16	1	17
1877	24	5	29
1878	17	2	19
1879	18	3	21
1880	26	4	30
1881	27	3	30
1882	27	4	31
Total	455	45	500

CHILDREN OF IDIOTS.—Certain developments during the past few years in the Department of Public Charities and Correction, New York City, have raised a question of some interest. An idiot girl in one of the Randall's Island institutions was found pregnant by, Commissioner Brennan stated, one of the male idiots. Owing to the failure to make a scientific investigation, the paternity of the child and its ultimate fate remain in doubt. Berkham (*Allgemeine Zeitschrift für Psychiatrie*, Band xxxvii.) has investigated the question of the capability of microcephalic idiots to propagate

their species. An imbecile man, married for some years to a healthy woman, did not have any family. A healthy man who married an idiotic wife had three children by her, two of whom are idiots. These cases support Vogt's views, that while female idiots may bear children, the males are very frequently incapable of begetting them. Marriages rarely occur between male half-cretins and healthy women, but are not uncommon between healthy men and semi-cretinous females who may happen to own a little property. Berkham has never seen the progeny arrive at maturity; if not still-born, the children usually die during childhood. The best-marked case of microcephalous idiocy on Randall's Island is sexually well developed, and there is no doubt that in his case paternity is possible. The results in the few cases cited by Berkham are supported by the researches of Monteyel, as to heredity in psychically degenerated families.

GLYCOSURIA IN PARETIC DEMENTS.—Dr. A. McL. Hamilton (*New York Medical Journal*, July 5, 1884) has had under observation a "hybrid" case of paretic dementia. "The disease began with embarrassment in articulation, pupillary alteration, tremor of the tongue, and finally of the whole body; then came the delusions of grandeur of the most extravagant nature, and he became salacious in the extreme. Nearly all the cranial nerves were affected. There were facial anæsthesia, impairment of smell and taste, and very curious vaso-motor changes, which consisted mainly in a discoloration of the skin of the left arm and hand. From time to time sugar was found in his urine, and this seemed to be the case after an attack of excitement." Dr. Hamilton examined twelve paretic dementia cases in the Poughkeepsie Hospital for the Insane, and found "a varying quantity of sugar in all of them." Dr. Hamilton states that several years ago he "found glycosuria in the early stages" of paretic dementia. Dr. Hamilton seems to be unaware of the fact that Lailler (*Ann. Medico-Psych.*, tome ii., p. 1, *et seq.*), Madigan (JOURNAL OF NERVOUS AND MENTAL DISEASE, April, 1883), De Wolf (*Journal of the American Medical Association*, vol. ii.), and Kiernan (*Detroit Lancet*, vol. vii.) have all called attention to this relationship between paretic dementia and glycosuria. Kiernan says that the apoplectiform and epileptiform attacks of paretic dementia are far from being exceptionally followed by glycosuria, but despite Dr. Hamilton's abundant material his researches do not cover this point.

RESPONSIBILITY OF THE INSANE.—Dr. O. Everts, (*American Journal of Insanity*, April, 1884,) before the association honored by the membership of Dr. J. Ray, enunciated the following views: An insane man's life is not more sacred nor more valuable to himself than is the life of any other man of equal capabilities and expectations, and until society has overgrown the necessity of suppressing any class of criminals by death, such of the insane as commit crimes

incurring such penalty, with knowledge and purpose, cannot be reasonably excepted from its operation. These views come with great propriety from a city where mob violence takes the place of law. Dr. Hammond, while enunciating similar views, admits that they are opposed to abstract justice and only justified by social necessity. Dr. Everts denies that executions are a necessity at all, yet says the insane should be hung. As Dr. Everts has been on several occasions the mouthpiece of Dr. Gray, it is fair to presume the latter is preparing to declare that society should hang the insane without going through the form of proving a non-existent sanity.

"HARMLESS LUNATICS."—Dr. W. W. Godding (*American Psychological Journal*, January, 1884) makes the following pertinent suggestions in regard to the so-called "harmless" insane: "But allow that some cranks, really insane, are innoxious, and that very many of the chronic insane may safely be permitted to remain at large, that even if we wished to confine them, all the world has not at present hospitals, asylums, and prisons enough for their detention; grant all this, still would it not be well if some legal recognition was had of these chronic cases, however harmless? Let the census be made to locate them, and have some responsibility for at least certain oversight of their lives and actions. For while no amount of bonds will ever deter an insane man from acting in accord with his delusions, yet pecuniary responsibility for the conduct of the madman, when at large, will prove a wonderful stimulus to the zeal of his surety in looking sharply after any variations in the mental condition, and would influence that surety to carefully study those subtle changes in the manner and disposition of the insane man which, when no one feels a responsibility in the case, are apt to be discovered only after it is too late. Is it objected that men do not lightly enter into pecuniary responsibility for the good behavior of their fellows, and that it will be found in practice that except the man has warm personal friends or relatives who are interested in him, no one will go upon his bond, and so there will be no alternative but to place this harmless lunatic in an asylum. Well, if it indeed prove so, the community will be all the safer and the afflicted man will be better off, for the asylum of the future will be less a prison, more a home. Shall we be told that this will involve unnecessary expense to the State, and the true way to manage all these cranks and tramps and reasoning lunatics is to hold them strictly accountable under the law, and the moment they commit a crime punish them accordingly, hang them if necessary, but not tax honest people for their support in hospitals. The offender can perhaps have nothing valid to oppose to this short and easy means of making both ends meet—the ends of justice and that of the crank,—but the innocent man who stands at the other end of the shot-gun to receive the charge, he has something to say about this. From the random bullets of these madmen no one is safe,

and in view of the fatal facility with which all ranks of society provide themselves with fire-arms in America, it would seem that the peaceable, law-abiding citizen has but to wait defenceless for the crank's appointed hour. Shot down by a man whom he never saw and whom he therefore saw no reason to avoid, it is little consolation to the friends of the victim to be told that lunatics who commit homicide, while knowing the difference between right and wrong, are now hanged in order that society may be protected after the deed; what the community needs is arrest before the shooting."

A recent striking commentary on the statements of Dr. Godding is furnished by the acquittal of Rowell. Rowell, who appears to have been an epileptic, subject to post-epileptic conditions of depression, killed his wife's paramour under circumstances which seem to indicate mental weakness. Several physicians testified to his insanity, but the jury, sympathizing with the defendant on the score of his domestic misfortunes, acquitted him on the ground of self-defence. Now, had this man killed any one of his neighbors for no motive at all, in a brutal manner, the same jury would have hung him. Now this man, if insane from the cause ascribed, was a dangerous lunatic who should have been immediately sent to an hospital for the insane for life. An expert owes a duty to the people as well as to science and humanity, and however unpopular such a course in cases like that of Rowell, he should recommend on the witness-stand that such lunatics should be placed in an asylum for life. However, the experts in the Rowell case were not to blame,—the jury paid no attention to their evidence.

J. G. KIERNAN, M.D.

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e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

THE GYNECOLOGICAL TREATMENT OF HYSTERIA.—Flechsig reported, at the annual meeting of the German Society of Physicians for Mental Diseases, two cases of hysteria in which the symptoms eventually disappeared after the removal of the ovaries and left broad ligament in one case, and the uterus with all its appendages in the other.

The first case had suffered for four years, in spite of all treatment, from a cycle of hysterical symptoms, including motor, sensory, and psychical, such as depression, suicidal desires, delirium with hallucinations, convulsions, etc., etc. Examination revealed an old parametritis with displaced uterus. Finally double ovariotomy was performed. The left ovary was found to contain numerous small cysts. It was noticed that at the moment when the ovary was removed the patient, though deeply chloroformed, had a peculiar attack, consisting of restlessness, deep sighing inspiration, and weakness of the heart, pointing, as the author thinks, toward a connection between the disease of